Older Child Developmental History

Please complete, sign and date this form and mail it to your center director:

Child's name ____ Birth date ________________

Daily Routine

What is the best time of day for you with your child? __________________________________

Was/is your child ¨ bottle fed ¨ breast fed? How long? ______________________________

Does your child ¨ use a pacifier ¨ suck thumb ¨ use a bottle?
When? ____

Does your child ¨ feed him/herself? ¨ Parent feeds child.

Food issues. Please list ____

Food allergies. Please list ____

Diapering/Toileting

What word does your child/family use for urination? ________________________________

For bowel movement? _________________________________

Is your child toilet trained? ¨ Yes ¨ No ¨ In progress

Concerns? ____

Sleeping

Describe your child's sleeping arrangement ____

Does your child go to sleep ¨ easily ¨ with difficulty ¨ with a bottle ¨ with a parent
¨ with a "lovey"

Does your child have a bedtime ritual? ¨ Yes ¨ No If yes, please describe _______________

Does your child have a regular bedtime? ¨ Yes ¨ No

Wakes at _______________ Naps at ___________________ Goes to bed at __________________

Activities and Play

What are your child's favorite activities at home? ____

Where does your child usually play? ____

Does your child *avoid* any physical activities? If so, please describe ________________________

____

Does your child attend any other regular groups or classes? ¨ Yes ¨ No

If so, please describe ____

Does your child demand a lot of adult attention? ¨ Yes ¨ No

If so, please describe ____

Temperament

What best describes your child's "natural" temperament. Please put an 'x' in appropriate boxes.

Trait					
Energy	Quiet ¨	---- ¨	---- ¨	Very active
First Reaction (to new people, activities, ideas)	Outgoing, jumps right in ¨	---- ¨	---- ¨	Shy, holds back
Mood (general emotional tone)	Usually positive, happy ¨	---- ¨	---- ¨	Serious, analytical
Intensity (strength of emotional reaction)	Has mild reactions ¨	---- ¨	---- ¨	Has strong reactions
Persistence (ease of stopping when involved in activity)	Easily redirected ¨	---- ¨	---- ¨	"Locks in"
Sensitivity (to noises, emotions, tastes, textures, stress)	Usually not sensitive ¨	---- ¨	---- ¨	Very sensitive
Perceptiveness (notices people, noises, objects)	Hardly ever notices ¨	---- ¨	---- ¨	Very perceptive
Adaptability (copes with transitions, changes)	Flexible, adapts quickly ¨	---- ¨	---- ¨	Adapts slowly
Regularity (regular about eating, sleeping times, etc.)	Regular, follows routine ¨	---- ¨	---- ¨	Irregular
Attention Span/Distractibility (can stay on task)	Stays focused ¨	---- ¨	---- ¨	Easily distracted

Parenting Your Child

What has been your child's most "delightful" period? _____________________________________

What behaviors do you find "hard to handle" in your child? ________________________________

____

What kind of discipline works best with your child? ______________________________________

____

What has been the most difficult for you in parenting your child? ___________________________

____

Parent Comments

Do you have any concerns about your child? (For example, eating, sleeping, toileting, behavior, etc.) ____

____

How can we help your child? ____

____

Is there anything else you would like for us to know about your child? _______________________

____

____

Thank you for taking the time to complete this form. It will help us to be sensitive to your child's needs.

Parent's Signature ______________________________________ Date _________________________